24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E) PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
AMERICAN ALLIANCE	C C00567016
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Gridiron Communications	Date of Public Distribution/Dissemination
	10 08 2014
Mailing Address 3903 Portage Rd Ste C262	Amount
City State Zip Code	6640.88
South Bend IN 46628	Transaction ID : SE.4123 Date of Disbursement or Obligation
Purpose of Expenditure Voter Contact Mail Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: X House District: 33
ELAN S. CARR Oppos	See President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 6640.88	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Gridiron Communications	10 08 / Y Y Y Y Y Y Y
Mailing Address 3903 Portage Rd	Amount
Ste C262	
City State Zip Code South Bend IN 46628	6622.52 Transaction ID : SE.4124 Date of Disbursement or Obligation
Purpose of Expenditure Voter Contact Mail Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: X House District: 33
ELAN S. CARR Oppos	se President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	Date 10 10 2014
Signature	